

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047457

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *77*

Primary Registration District No. *3016*

Registrar's No. *479*

FILED DEC 23 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City</i>		Length of stay in 1b <i>5 Days</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Charles E. Still Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>303 Third Street</i>	
3. NAME OF DECEASED (Type or print) First <i>Ausley</i> Middle <i>Clark</i> Last <i>Clark</i>		4. DATE OF DEATH Month <i>December</i> Day <i>16</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-15-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
11. BIRTHPLACE (City and state or country) <i>Laclede County</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Guiley Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Lydia Ann Burns</i>	
14. NAME OF HUSBAND OR WIFE <i>Otie Clark</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Otie Clark</i> Address <i>Camden, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Standstill</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ventricular fibrillation</i> DUE TO (c) <i>myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>acute</i> <i>acute</i> <i>5 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>5:10</i> a.m. <i>12/11/63</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Jefferson City Mo</i>		
21. I attended the deceased from <i>12/11/63</i> to <i>12/16/63</i> and last saw him alive on <i>12/15/63</i> Death occurred at <i>5:10</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <i>Camden County, Missouri</i>	
22a. SIGNATURE <i>R Dale Attenbury</i> (Degree or title) <i>DO.</i>		22c. DATE SIGNED <i>12-16-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec 18th, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Pleasant Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Camden County, Missouri</i>		23e. STATE <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Robert H. Reed</i>		25. DATE RECD. BY LOCAL REG. <i>19 December 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Norman E. Richter</i>		27. ADDRESS <i>Camden, Missouri</i>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1964

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.